

Dear Students:

UMass Amherst is pleased to provide you with this summary of the Graduate Student Health Insurance Benefit Plan (SHBP) and to provide information about the annual waiver process. Please note the SHBP is fully compliant with the Affordable Care Act.

**Who Is Eligible?**

UMass Amherst requires all Graduate domestic and international students taking five (5) or more credits to be covered by health insurance. All eligible students are **automatically enrolled and billed** for the Student Health Benefit Plan (**per semester**). Eligibility must be met each semester to qualify for continued coverage.

Domestic and international Graduate students studying in person, remotely or on-line and residing on campus anywhere in the U.S. who show proof of comparable insurance coverage from a U.S. based insurance company, can waive the UMass SHBP. Insurance plans based outside of the U.S. travel insurance, out-of-state Medicaid, or plans that do not provide adequate coverage at or around the UMass campus, are not considered comparable coverage, and are not accepted. Any questions about your current insurance plan can be directed to UHS. When comparable coverage is confirmed, the insurance fee will be removed from their tuition bill.

Optional enrollment is available for those who are:

- Matriculated in a day academic program taking fewer than five (5) credits per semester.
- Graduate students matriculated in a day academic program who has paid the Continuous Enrollment fee for the semester.
- Matriculated into an undergraduate program through Continuing Education or University Without Walls, are legal residents of Massachusetts and are taking six or more credits per semester.
- Matriculated into a graduate program through Continuing Education, are legal residents of Massachusetts and are taking six or more credits per semester.
- Online students matriculated into a graduate program through Continuing Education, are legal residents of Massachusetts and are taking six or more credits per semester.
- Matriculated Continuing Education students participating in off-campus programs.
- Non-matriculated students are Not eligible for health plan enrollment.

**Any student who meets one of the above requirements and would like to enroll, please contact UHS Patient Services.**

**How do I waive / enroll?**

All Graduate students taking five (5) or more credits are automatically billed for the insurance. Domestic students who have coverage under another insurance company can complete an online waiver. All waivers are reviewed and if it is determined that your insurance is not viable in the UMass Amherst area, the waiver will be declined. International students must contact UHS Patient services to submit a paper waiver.

To submit a waiver to opt out of the SHBP please follow these steps:

Go to: [www.spire.umass.edu](http://www.spire.umass.edu)

- Select the "Health Waiver" page link to proceed to Wellfleet.


Or

- Go to directly to: <https://www.studentinsurance.com/Client/941>
- Select the Waive and proceed.
- New students must "Create a New Account" with Wellfleet. Returning students can proceed to their account by signing in.
- Once logged into your account, there will be an option to Waive. Please have your current insurance card available. You will need the card to enter your insurance information. In addition, you will be required to upload a copy of the front and back of your current insurance card.
- An email will be sent within minutes of completing the waiver request.

**Note:** Waiver submission may be audited by UMass Amherst, Wellfleet, and/or their contractors or representatives. You may be required to provide, upon request, documents that demonstrate that you meet the school's requirements (non-US based insurance plans, out-of-state Medicaid plans, or plans that do not provide adequate coverage at or around the UMass campus, are not considered comparable coverage and are not accepted).

**Deadline to waive for the Annual Plan is September 18, 2024, and deadline to waive for New Spring Students is February 21, 2025.**

**Where Can I Obtain More Information About The Plan?**

<ul style="list-style-type: none"> <li>• Insurance Benefits</li> <li>• Eligibility</li> <li>• Enrollment</li> </ul>	UHS Patient Services 150 Infirmary Way <a href="http://www.umass.edu/uhs">www.umass.edu/uhs</a> 413-577-5192
<ul style="list-style-type: none"> <li>• Insurance Benefits</li> <li>• ID Cards</li> <li>• Claim questions</li> <li>• Waiver Process</li> </ul>	 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Find an In-Network PPO Provider	Cigna PPO Choice Fund <a href="https://www.cigna.com/hcpdirectory/">https://www.cigna.com/hcpdirectory/</a>
Prescription Drug Provider	Wellfleet RX/ESI <a href="http://www.wellfleetrx.com">www.wellfleetrx.com</a>

**Where can I go for Services?**

UHS, the University of Massachusetts Amherst's fully accredited campus health center offers comprehensive primary care, walk-in care, mental health services, referrals to providers who participate in the Cigna PPO Network, and education services, with a special focus on the health needs and concerns of our students. UHS is located on 150 Infirmary Way, Amherst, Ma 01003.

For more information about UHS go to: <https://www.umass.edu/uhs/> or call at 413-577-5192.

## Graduate Student Health Benefit Plan at a Glance

Here is a brief description of the Graduate Student Health Benefit Plan. Note that these are only a few of the benefits offered by UMass. To view a complete description of coverage, please visit: [www.wellfleetstudent.com](http://www.wellfleetstudent.com).

<b>Policy Year deductible</b>	\$200 per Individual \$600 per Family	
<b>Out-of-Pocket Maximum</b>	\$1,300 per Individual \$2,500 per Family	
<b>UHS Services</b>	Covered at 100% (deductible does not apply) <b>Note:</b> MOST services at UHS are provided at no additional cost. Students will be responsible for RX co-payments at UHS Pharmacy	
	<b>In-Network benefits</b>	<b>Out-of-Network Benefits</b>
<b>Coinsurance</b>	95% of PA	80% of R&C
<b>Wellness/Preventative and Immunization Expenses</b>	100% of PA (deductible does not apply)	80% of R&C
<b>Mental Health Wellness Exam</b>	100% of PA (deductible does not apply)	100% of U&C (deductible does not apply)
<b>Physician Office Visits/ Primary Care Visits (includes Pediatricians and Telemedicine visits)</b>	100% of PA after \$20 copay per visit (deductible does not apply)	80% of R&C
<b>Consultants/Specialist visits, including Telemedicine visits.</b>	100% of PA after \$20 copay per visit (deductible does not apply)	80% of R&C
<b>Mental Health Disorders and Substance Abuse Outpatient visits</b>	100% of PA after \$20 copay per visit (deductible does not apply)	80% of R&C
<b>Vision Care, one (1) routine eye exam every 12 months.</b>	100% of R&C	
<b>Impacted Wisdom Teeth Expense</b> , for the removal of one or more impacted wisdom teeth.	95% of Actual or Negotiated fee	
<b>Laboratory and X-ray Expense.</b> Includes diagnostic services, laboratory, & x-ray examinations.	95% of PA	80% of R&C
<b>High-Cost Procedures Expense.</b> Services include, but not limited to, CAT Scans, MRI, and Laser Treatments.	95% of PA	80% of R&C
<b>Emergency Room Expenses</b> (copay waived if admitted)	100% of PA after \$100 copayment per visit (deductible does not apply)	100% of R&C after \$100 copayment per visit (deductible does not apply)
<b>Urgent Care Expense</b>	95% of PA	80% of R&C
<b>Surgical Expense Benefit</b>	95% of PA	80% of R&C
<b>Inpatient Hospital Expenses</b> <i>Requires Pre-certification</i>	95% of PA	80% of R&C
<b>Prescription Drug benefit.</b> Prescriptions are not subject to the policy year deductible and should be purchased at UHS Pharmacy or through a participating pharmacy.	Plan pays 100% of the negotiated rate after: \$10 copay for a 30-day supply of a generic drug \$10 copay for a 30-day supply of a brand name drug \$0 copay for a 30-day supply of a generic contraceptive (deductible does not apply)	

**NOTE:** The UMass Amherst Student Health Benefit Plan may not cover all your healthcare expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. This document tells you about some important features of the Student Health Benefit Plan; however other features may be important to you. To view the full Summary Plan description, go to: [www.wellfleetstudent.com](http://www.wellfleetstudent.com).

Effective Dates of Coverage	
Annual	8/1/2024 to 7/31/2025
Fall	8/1/2024 to 1/29/2024
Spring	1/30/2024 to 7/31/2025

## Glossary of Terms

**Effective date** means the time the Covered Person's coverage Period begins. This is often the beginning of the Plan Year.

**Deductible** means a dollar amount that a Covered person must pay as an out-of-pocket expense each Plan year before benefits are payable under this Plan. The deductible amount is shown in the above schedule. The deductible is included in the Out-of-Pocket Maximum. Note: The deductible applies to all services unless the benefit specifies, "deductible does not apply."

**Coinsurance** means the percentage of the covered medical expense that is reimbursed by the Plan and by the member. The Plans coinsurance is listed in the above schedule.

**Co-payment** means a set dollar amount that You must pay at the point services are rendered. The co-payment is separate from the deductible and is calculated towards the Out-of-Pocket Maximum.

**Out-of-Pocket Maximum** means the most You will pay during a Policy Year before the coverage Coinsurance pays at 100%. This includes deductibles, copayments (medical and prescriptions) and any Coinsurance paid by you. This does not include non-covered medical expenses and elective services.

**In-Network** means a Hospitals, Physicians, Facilities, Practitioners, or other treating Providers that agree to Participate in a Preferred Provider Organization (PPO) Network and accept a negotiated fee for their services. In-Network Providers are not allowed to bill above the negotiated fee. Any balance remaining after the negotiated fee, not paid by the Plan, is the member's responsibility (deductible and coinsurance).

**Out-of-Network** means a Hospitals, Physicians, Facilities, Practitioners, or other treating Providers that DO NOT agree to Participate in a Preferred Provider Organization (PPO). The Coinsurance paid to an Out-of-Network is at a less coinsurance than an In-Network providers.

**Pre-certification of Care** means contacting the Claims Administrator, Wellfleet, prior to Inpatient treatment to obtain approval. This may be done by your doctor or hospital administrator. If you do not secure pre-certification for a non-emergency admission within one (1) business day, You will be subject to a charge of \$200 per admission. This charge cannot be used to satisfy copayments, deductibles, or out-of-pocket maximum.

# UNIVERSITY OF MASSACHUSETTS AMHERST AMENDMENT #11

**Effective August 1, 2024, the Graduate Summary Plan Description (SPD) has been updated with the following changes:**

The **Pediatric Vision Services** on page 13 of the Summary Plan Description is being replaced as shown below to correct the coinsurance. Since there are no participating vision Providers in the Cigna Network, coinsurance will be the same.

<p><b>Pediatric Vision Services</b></p> <p>*Some Pediatric Vision Procedures require pre-certification</p>	<p>Pediatric Preventive Vision paid at 100%.</p> <p>All other Pediatric Vision is subject to Deductible and paid at 80% up to Out-of-Pocket maximum.</p> <p>Pediatric Vision Benefits are Limited to Covered Persons through the End of the calendar year in which they turn age 19</p>
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The co-payment for **Physician Office visits/Primary Care Visits** was increased from a \$10 co-payment to \$20 co-payment per visit.

	IN-NETWORK	OUT-OF-NETWORK
<p><b>Physician Office Visits/Primary Care Visits</b> (includes Pediatricians).</p>	<p>100% of *PA after \$20 co-pay per visit <i>(Deductible does not apply)</i></p>	<p>80% of R&amp;C</p>

\*PA = Preferred Allowance by an In-network provider

**New Benefits**

<p><b>Annual Mental Health Screening</b></p>	<p>100% of PA <i>(Deductible does not apply)</i></p>	<p>100% of R&amp;C <i>(Deductible does not apply)</i></p>
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<p><b>Adult Vision Care</b> (age 19 and older) Routine Eye Exam once every 12 months.</p>	<p>100% of Reasonable &amp; Customary (R&amp;C)</p>
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